FORM APPROVED Division of Health Care Facilities (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 - MAIN BUILDING R B. WING 08/14/2019 TN1939 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 306 W DUE WEST AVENUE CREEKSIDE CENTER FOR REHABILITATION A MADISON, TN 37115 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {N 000} {N 000} Initial Comments A Life Safety revisit survey was conducted on 08/14/2019 for the previous deficiencies cited on 07/12/2019. The deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Care Faci	15th c	194/70th
TATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION
ND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING: 01 - MAIN BUIL

ON LDING (X3) DATE SURVEY COMPLETED

TN1939

B. WING

R 07/12/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

306 W DUE WEST AVENUE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments	{N 000}		
			N831	
	Stories: 1 Construction Type: NFPA, II (000); IBC, II			
	unprotected		The Maintenance Director	8/9/19
	Some plans available on site		and a private contractor will	
	Constructed: 1968		perform the proper repairs	
	Sprinklered: Yes		to the fire stop in all areas noted	
	Census: 130		on the 2567 and will be in full	
			compliance on or before 8/9/19	
	A Life Safety Code Follow up Survey was		as follows:	
	conducted by the State of Tennessee Department		a. Gypsum board cross	
	of Health Division of Health Licensure and		corridor wall at room(s) 42,	
	Regulations Office of Health Care Facilities on		41, 17, and 213. b. Corridor wall at room 125	
	07/12/2019. During this Life Safety Follow up		on both sides of the wall.	
	Survey, Creekside Center for Rehabilitation and Healing was found not in substantial compliance		on both sides of the wall.	
	with the requirements of the Tennessee Rules		A 100% audit of the building	
	and Regulations 1200-08-06, Standards for		was performed from 7/12/19	
	Nursing Homes, and National Fire Protection		through 7/16/19 to ensure	
	Association (NFPA) 101 Life Safety (2012		no additional improper fire stop,	
	Edition).		unsealed joints, or improper	
	The new increase at 1000,000,000 Chanderde for		sheetrock repairs are present	
	The requirements at 1200-080-06, Standards for Nursing Homes is NOT MET as evidenced by:		in the building.	
- 1	Training Florines is NOT WILL as evidenced by.		A monthly check of the	
	All penetrations requiring Fire Stop shall be		building will be performed	
	repaired in accordance with a tested and		monthly by the Maintenance	
	approved Fire Stop System meeting the		Director for (3) months July-	
	requirements of ASTM E 814, Standard Test		September 2019 to ensure compliance	
	Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests		with N831.	
	of Through-Penetration Firestops. The system			
	used shall be recorded and documentation shall			
	be maintained for the life of the installation. Any			
	Engineering Judgements requires state approval.			
'NI 8311'	1200-8-608 (1) Building Standards	{N 831}		
[14 00 1]	1200-0-000 (1) building Standards	(14.00.1)		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(1) A nursing home shall construct, arrange, and

STATE FORM

Division of Health Care Facilities

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION 01 - MAIN BUILDING	(X3) DATE SURVEY COMPLETED
		TN1939	B. WING		R <b>07/12/2019</b>
,	PROVIDER OR SUPPLIER	EHABILITATION A 306 W DU	DRESS, CITY, S IE WEST AVI	STATE, ZIP CODE ENUE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLETE
{N 831}	maintain the condit the overall nursing	tion of the physical plant and home environment in such a fety and well-being of the	{N 831}	R *	
	Based on observat maintain the physic enviroment.  The findings included and 9:40 AM, reveat conduits, steel pipe not sealed properly and improper produlabeled gypsum bo 42 (both sides of w Edition) NFPA 101,  2. Observation on 0 and 9:40 AM, reveat not properly sealed multiple penetration damper motor and sealed properly inclimproper product in gypsum board cross (both sides of wall). Edition) NFPA 101,  3. Observation on 0 and 9:40 AM, reveat from wall and multipmetal clad wires, as	et as evidenced by: ion, the facility failed to cal plant and overall  ed: 07/12/2019 between 8:49 AM aled multiple penetrations by es, and communication wires including mixed fire stopping act installation in the 1 hour ard cross corridor wall at room all). NFPA 101, 8.3.5 (2012 8.3.6 (2012 Edition)  07/12/2019 between 8:49 AM aled the joint at the deck was ; a hole in the wall; and as by conduits, steel pipes, fire communication wires not luding mixed fire stopping and astallation in the 1 hour labeled as corridor wall at room 41 . NFPA 101, 8.3.5 (2012 8.3.6 (2012 Edition)  07/12/2019 between 8:49 AM aled gypsum board missing ple penetrations by conduits, and communication wires not luding mixed fire stopping and		The results of the monthly audits will be presented in the monthly Quality Assurance meeting to assure compliance with the requirements of N 831 July – September 2019.  The Quality Assurance Performance Improvement Committee will inclubut not be limited to the following Administrator, Medical Director, Director of Nursing, Unit Managers Business Office Manager, Social Septirector, Dietary Manager, Housek & Laundry Director, and Maintenan Director.	rvices

Division of Health Care Facilities

_	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION 01 - Main Building	(X3) DATE COMP	SURVEY LETED
		TN1939	B. WING		07/1	? <b>2/2019</b>
	PROVIDER OR SUPPLIER	STREET AD  306 W DU	DRESS, CITY, S E WEST AVE I, TN 37115	TATE, ZIP CODE	1	272010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{N 831}	gypsum board cros (both sides of wall). Edition) NFPA 101,  4. Observation on 0 and 9:40 AM, revea conduits, and comproperly including mimproper product in cross corridor wall awall). NFPA 101, 8.3.6 (2012 Edition)  5. Observation on 0 and 9:40 AM, revea conduits, metal cladwires not sealed prostopping and impropent hour labeled gyps at room 213 (both second 2012 Edition) NFPA  The Maintenance Dethese deficiencies was Administrator acknowledges.	stallation in the 1 hour labeled s corridor wall at room 17 NFPA 101, 8.3.5 (2012 8:3.6 (2012 Edition)  17/12/2019 between 8:49 AM aled multiple penetrations by nunication wires not sealed nixed fire stopping and stallation in the 2 hour labeled at room 125 (both sides of 3.5 (2012 Edition) NFPA 101,	{N 831}			

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 - MAIN BUILDING R B. WING 06/28/2019 TN1939 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 306 W DUE WEST AVENUE CREEKSIDE CENTER FOR REHABILITATION A MADISON, TN 37115 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {N 000} {N 000} Initial Comments N831 Stories: 1 The Maintenance Director Construction Type: NFPA, II (000); IBC, II performed the proper repairs unprotected to the fire stop in all areas noted Some plans available on site 7/3/19 on the 2567 as follows: Constructed: 1968 a. Proper system paperwork Sprinklered: Yes gypsum board cross Census: 130 corridor wall at room(s) 42, 41, 17, 125, and 213 for A Life Safety Code Follow up Survey was both sides was corrected with the proper paperwork conducted by the State of Tennessee Department of Health Division of Health Licensure and received from the vendor Regulations Office of Health Care Facilities on on 6/28/19. 06/28/2019. During this Life Safety Follow up Survey, Creekside Center for Rehabilitation and Healing was found not in substantial compliance A 100% audit of the building with the requirements of the Tennessee Rules was performed from 6/28/19 and Regulations 1200-08-06, Standards for through 7/3/19 to ensure Nursing Homes, and National Fire Protection no additional improper fire stop, Association (NFPA) 101 Life Safety (2012 unsealed joints, or improper Edition). sheetrock repairs are present in the building. The requirements at 1200-080-06, Standards for Nursing Homes is NOT MET as evidenced by: A monthly check of the building will be performed All penetrations requiring Fire Stop shall be monthly by the Maintenance repaired in accordance with a tested and Director for (3) months Juneapproved Fire Stop System meeting the August 2019 or until substantial requirements of ASTM E 814, Standard Test compliance is maintained Method for Fire Tests of Through Penetration Fire to ensure compliance Stops, or ANSI/UL 1479, Standard for Fire Tests with N831. of Through-Penetration Firestops. The system used shall be recorded and documentation shall The results of the monthly be maintained for the life of the installation. Any audits will be presented Engineering Judgements requires state approval. in the monthly Quality Assurance meeting to assure compliance {N 831} (N 831) 1200-8-6-,08 (1) Building Standards with the requirements of N 831 June - 2019. (1) A nursing home shall construct, arrange, and Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNALU

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(X3) DATE SURVEY

Division of Health Care Facilities

STATE FORM

Division	of Health Care Faci	lities			T	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(AZ) MOETH EE CONCINCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER: =	A BUILDING	01 - MAIN BUILDING		
		TN1939	B. WING		06/2	8/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
		306 W DI	E WEST AV			
CREEKS	IDE CENTER FOR RE	HABILITATION A MADISON	I, TN 37115			
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{N 831}	Continued From pa	ge 1	{N 831}			
	the overall nursing I manner that the saf residents are assured.  This Rule is not me	et as evidenced by: on, the facility failed to		The Quality Assurance Performan Improvement Committee will include but not be limited to the followin Administrator, Medical Director, Director of Nursing, Unit Manage Business Office Manager, Social S Director, Dietary Manager, House & Laundry Director, and Maintena Director.	lude g: rs, ervices ekeeping	
	The findings include	ed:				
	revealed multiple per pipes, and commun properly including m improper product in gypsum board cross (both sides of wall). fire stop system door	6/28/2019 at 9:06 AM, enetrations by conduits, steel lication wires not sealed nixed fire stopping and stallation in the 1 hour labeled is corridor wall at room 42. During this reinspection, no cumentation was provided to 101, 8.3.5 (2012 Edition)			×	
	revealed the joint at sealed; a hole in the penetrations by com- motor and communi- properly including m improper product ins gypsum board cross (both sides of wall). fire stop system door	duits, steel pipes, fire damper ication wires not sealed sixed fire stopping and stallation in the 1 hour labeled s corridor wall at room 41 During this reinspection, no sumentation was provided to 101, 8.3.5 (2012 Edition)				

3. Observation on 06/28/2019 at 9:08 AM,

STATE MENT OF DEPOIDMENTS  NAME OF PROVIDER OF SUPPLIER  NAME OF PROVIDER OR SUPPLIER  TIN1939  STREET ADDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  SUMMAY STATE ALE ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  SUMMAY STATE ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREEKSIDE CENTER FOR REHABILITATION A  SUMMAY STATE ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PROVIDER STATE ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREATED ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREATED ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREATED ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREATED ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREATED ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREATED ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREATED ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREATED ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREATED ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREATED ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREATED ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREATED ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREATED ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREATED ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  CREATED ANDRESS, CITY, STATE, 2.P CODE 306 W DUE WEST AVENUE MADISON, TN 37115  PRESEN  TAG  PRESEN  CREATED ANDRESS  PRESEN  CREATED ANDRESS  PRESEN  TAG  PRESEN  TAG  PRESEN  TAG  PRESEN  TAG  PRESEN  TAG  PRESEN  TAG  CREATED ANDRESS	Division	of Health Care Faci	lities			
NAME OF FROWIDER OR SUPPLIER  TRIBAGE OF PROVIDER OR SUPPLIER  RESIDEMENT STATESTATION A  NAME OF PROVIDER OR SUPPLIER  REGULATORY OR STATESTATION A  STREET ADDRESS, CITY, STATE, 2P CODE  308 W DUE WEST AVENUE  MADISON, TN 37115  PROVIDERS PLAN OF CORRECTION  GRACH GORRECTIVE AUTON SHOULD BE  REGULATORY OR LSC IDENTIFYING INFORMATION)  (N 831)  Continued From page 2  revealed gypsum board missing from wall and multiple penetrations by condulits, metal clad wires, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 1 hour labeled gypsum board cross corridor wall at room 17  (both sides of wall). During this reinspector, no fire stop system documentation was provided to the inspector. NFPA 101, 8.3.5 (2012 Edition)  NFPA 101, 8.3.6 (2012 Edition)  1. Observation on 06/28/2019 at 9:09 AM, revealed multiple penetrations by condulits, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 2 hour labeled cross corridor wall at room 125 (both sides of wall). During this reinspector, no fire stop system documentation was provided to the inspector, NFPA 101, 8.3.6 (2012 Edition)  5. Observation on 06/28/2019 at 9:10 AM, revealed multiple penetrations by conduits, metal clad wires, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 1 hour labeled gypsum board cross corridor wall at room 213 (both sides of wall). During this reinspector, no fire stop system documentation was provided to the inspector. NFPA 101, 8.3.6 (2012 Edition)  NFPA 101, 8.3.6 (2012 Edition)  The Maintenance Director was present when these deficiencies were identified and the Administrator acknowledged tress deficiencies during the exit conference (via phone) on	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  SITECT ADDRESS, CITY, STATE, JUP CODE  306 W DUE WEST AVENUE MADISON, TN 37115  SUMMARY STATEMENT OF DEFICIENCES (EACH) DEPROCEMENT MUST BE PRECEDED BY FULL (ROBS REFERENCE OF METHOD REPORTED BY FOLL (ROBS TO BE SOLD BY FOLL (ROBS TON BY FOLL (ROBS T	AND PLAN	OF CORRECTION	IDENTIFICATION NOWIGER.	A. BUILDING	: 01 - MAIN BUILDING	
NAME OF PROVIDER OR SUPPLIER  CREEKSIDE CENTER FOR REHABILITATION A  SUMMARY STATEMENT OF DETICIENCIES  (FACH DEPRICENCY MUST BE PRECEDED BY FULL TAG  CROSS REPLUE AD THO SHOULD BE CROSS PLAN OF THE SHO				D ANIMO		1
CREEKSIDE CENTER FOR REHABILITATION A  MADISON, TN 37115  PREPIX  (RAPH DEFICIENCY MUST BE PRECEDED BY FULL  TAG  CROSS-REFLIR CATION SHOULD BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  REGULATORY OR LSC IDENTIFYING INFORMATION  (N 831)  Continued From page 2  revealed gypsum board missing from wall and multiple penetrations by conduits, metal clad wires, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 1 hour labeled gypsum board cross-scorridor wall at room 17 (both sides of wall). During this reinspection, no fire stop system documentation was provided to the inspector. NFPA 101, 8.3.6 (2012 Edition)  4. Observation on 06/28/2019 at 9:09 AM, revealed multiple penetrations by conduits, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 2 hour labeled cross-corridor wall at room 125 (both sides of wall). During this reinspector, no fire stop system documentation was provided to the inspector. NFPA 101, 8.3.5 (2012 Edition)  5. Observation on 06/28/2019 at 9:10 AM, revealed multiple penetrations by conduits, metal clad wires, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 1 hour labeled gypsum board cross corridor wall at room 213 (both sides of wall). During this reinspection, no fire stop system documentation was provided to the inspector. NFPA 101, 8.3.5 (2012 Edition)  The Maintenance Director was present when these deficiencies were identified and the Administrator acknowledged these deficiencies during the exit conference (via phone) on			TN1939	B WING		06/28/2019
CASESTIPE CENTER FOR REHABILITATION A   MADISON, TN 37115	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
REACH OF THE PROPRIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)  REGULATORY OR LSC IDENTIFYING INFORMATION)  (N 831)  Continued From page 2 (Paguate Production of the Property including mixed fire stopping and improper product installation in the 1 hour labeled gypsum board cross corridor was provided to the inspector. NFPA 101, 8.3.5 (2012 Edition)  4. Observation on 06/28/2019 at 9:09 AM, revealed multiple penetrations by conduits, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 1 hour labeled gypsum board cross corridor wall at room 125 (both sides of wall). During this reinspection, no fire stop system documentation was provided to the inspector. NFPA 101, 8.3.5 (2012 Edition)  4. Observation on 06/28/2019 at 9:09 AM, revealed multiple penetrations by conduits, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 2 hour labeled cross corridor wall at room 125 (both sides of wall). During this reinspection, no fire stop system documentation was provided to the inspector. NFPA 101, 8.3.5 (2012 Edition)  5. Observation on 06/28/2019 at 9:10 AM, revealed multiple penetrations by conduits, metal clad wires, and communication wires not sealed properly including mixed fire stopping and improper product installation in the 1 hour labeled gypsum board cross corridor wall at room 213 (both sides of wall). Uning this reinspection, no fire stop system documentation was provided to the inspector, NFPA 101, 8.3.5 (2012 Edition)  NFPA 101, 8.3.6 (2012 Edition)  The Maintenance Director was present when these deficiencies were identified and the Administrator acknowledged rises ediciencies during the exit conference (via phone) on	05551/0	UDE CENTER FOR DE	SHABILITATION A 306 W DL	IE WEST AV	ENUE	
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